

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

9852

1. PLACE OF DEATH  
 95 County St. Genevieve Registration District No. 783  
 Township Waverly Saline Primary Registration District No. 6029  
 City..... (No.....)..... St..... Ward.....

2. FULL NAME Robert Joseph Clay  
 (a) Residence No. Sumner Public 3 St..... Ward.....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 2 mos. 29 da. How long in U.S., if of foreign birth? Always mos. da.

File No.....  
 Registered No.....  
 St..... Ward.....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Bryan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>79</u>	<u>5</u>	<u>27</u>		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Lead Co.  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Francis Co Mo  
 (STATE OR COUNTRY) Randolph Township

10. NAME OF FATHER James Clay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Francis Co Mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann Spadling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Francis Co Mo  
 (STATE OR COUNTRY)

14. INFORMANT Beck Clay  
 (Address) Leadwood Mo

15. FILED 3/10 1932 Mrs. H.N. Vaughn  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 6 1931 to March 3 1932 that I last saw him alive on Feb 19 1932; and that death occurred, on the date stated above, at 5:55 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of Bladder with general metastases  
513

CONTRIBUTORY (SECONDARY) 513  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Same  
 IF NOT AT PLACE OF DEATH? no DATE OF D

DID AN OPERATION PRECEDE DEATH? no DATE OF D

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) R. J. Babers M. D.  
 (Address) Sumner Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL K. P. Cemetery DATE OF BURIAL Mar 6 1932

20. UNDERTAKER Funerary Co ADDRESS Leadwood Mo  
J. S. Bayne & Son

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 29 1932

